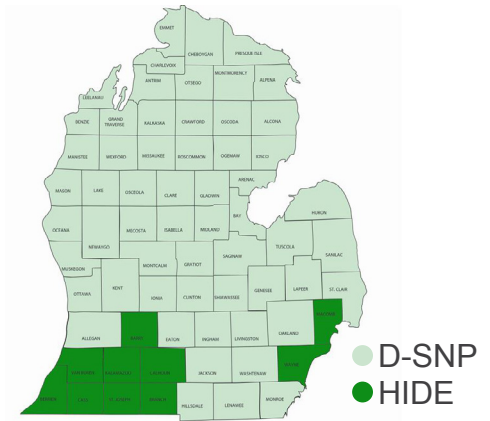


# PriorityMedicare® Dual Premier (HMO D-SNP)

## Members are eligible for Dual Premier if they:

- Permanently live within the plan's service area (10 counties in the lower peninsula) **and**
- Are eligible for and enrolled in Medicare Parts A and B **and**
- Are eligible for full Medicaid (QMB+, SLMB+, FDBE) based on standards established by the State of Michigan and federal requirements **and**
- Are 21 years of age and older



**Agent:**

**Phone:**

**Email:**

## PriorityMedicare Dual Premier plan benefits include:

- ✓ No referrals needed to see specialists
- ✓ One ID card for Medicare and Medicaid services
- ✓ On-demand mental health support
- ✓ Worldwide emergent and urgent coverage
- ✓ Care manager assigned to every member
- ✓ Low- or no-cost prescription copays based on beneficiary income and Low Income Subsidy (LIS) status
- ✓ Three-month deeming period

Benefits	2026 cost to member <sup>1</sup>
<b>Medical and hospital</b>	<b>All medical and hospital benefits will be covered at 100% for the member.</b>
<b>Dental services</b> (with Delta Dental® Medicaid network)	<b>\$0 copay</b> for Dental check-ups, exams, x-rays, cleanings, fillings, tooth extractions, dentures and partial dentures, sealants, indirect restorations (crowns), root canal therapy/re-treatment of previous root canal, comprehensive periodontal evaluation, scaling in presence of inflammation, periodontal scaling and root planning, other periodontal maintenance and emergency dental care
<b>Vision services</b> (with EyeMed® Select Network)	<b>\$0 copay</b> for one routine exam and one retinal imaging per year <b>\$200</b> eyewear allowance each year (includes refraction)

Benefits	2026 cost to member <sup>1</sup>
<b>Hearing services</b> (with TruHearing®)	<b>\$0 copay</b> for one routine exam per year; <b>\$0 copay</b> for up to two TruHearing-branded hearing aids every year (one per ear, per three years); Benefit is limited to TruHearing's Advanced hearing aids, which come in various styles and colors. Hearing aid cost includes a 60-day trial period, one-year of post-purchase follow-up visits and 80 batteries per hearing aid (rechargeable not included).
<b>PriorityFlex<sup>2</sup></b>	<b>\$70–\$96</b> per month, depending on region, to purchase over-the-counter (OTC) items, and if eligible <sup>1</sup> , healthy food and produce, select utilities, pest control, meal delivery, personal care items and household supplies
<b>Transportation</b> (with SafeRide®)	<b>\$0 copay</b> for transportation to and from medical appointments
<b>Personal Emergency Response Systems (PERS)</b>	<b>\$0 copay</b> for Personal Emergency Response System (PERS) device, direct access to emergency services, and support for your social determinants of health needs
<b>One Pass®</b>	<b>\$0 copay</b> for access to the largest network of gyms and fitness locations plus live, digital fitness classes and on-demand workouts and one home fitness kit per plan year
<b>Carallel®</b>	<b>\$0 copay</b> for care advocate assistance with the following: <ul style="list-style-type: none"> <li>• Unlimited caregiver support</li> <li>• Virtual support groups</li> <li>• Social needs</li> <li>• Housing insecurities and resources</li> <li>• Family communication coaching</li> <li>• Community service</li> </ul>
<b>Chiropractic care</b>	<b>\$0 copay</b> for routine care (limit 24 visits) <b>\$0 copay</b> for x-ray services performed by a chiropractor, once per year

Prescription drugs	2026 cost to member
<b>Annual prescription deductible</b>	\$615 (tiers 3–5)
<b>Tier 1</b> (Preferred generic)	\$0
<b>Tier 2</b> (Generic)	\$0
<b>Tier 3</b> (Preferred brand) <sup>3</sup>	25%
<b>Tier 4</b> (Non-preferred brand) <sup>3</sup>	25%
<b>Tier 5</b> (Specialty) <sup>3,4</sup>	25%

<sup>1</sup>Applies to members with full Medicaid eligibility. <sup>2</sup>Benefit mentioned is part of a special supplemental benefit for chronically ill members with one of the following conditions: diabetes, chronic obstructive pulmonary disease (COPD), arrhythmias, depression, heart failure, prostate/breast/other cancers, and bipolar disorder. This is not a complete list of qualifying conditions. Even if you have a qualifying condition, you will not necessarily qualify to receive the benefit because coverage of the item or service depends on if you are chronically ill as defined by CMS and meet all applicable eligibility requirements. To see if you qualify, contact our Customer Care team by calling 833.939.0983 (TTY 711). From Oct. 1–Mar. 31, we're available seven days a week from 8 a.m.–8 p.m. ET. From Apr. 1–Sept. 30, we're available Mon.–Fri. from 8 a.m.–8 p.m. and Sat. 8 a.m.–noon ET. <sup>3</sup>if you receive Extra Help, your cost-share will be less. <sup>4</sup>Specialty drugs are limited to a 30-day supply. Priority Health has a D-SNP (HMO) plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in Priority Medicare D-SNP (HMO) depends on contract renewal.